THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. IV. May 15, 1840. No. 4.

For the American Medical Intelligencer.

Art. I.—CASE OF FISTULA IN ANO, WITH OBSERVATIONS.

Columbia, South Carolina, April 6, 1840.

Cornelius Morgan, æt. 26, a hatter, of an unhealthy aspect, was admitted into hospital, labouring under the above complaint, of which the following is an accurate history, at the time of his admission.

There are three fistulous openings close to the verge of the anus on the left side, two of which are very small, and will scarcely admit the point of a probe: the third and most external one is much larger, its edges are smooth and indurated, and the integuments around it are for some extent red, thickened, and detached from the subjacent parts. Upon introducing a probe into the most internal of these fistulous openings, a canal can be traced extending upwards towards the rectum about an inch and a half, but it does not communicate with the intestine. Neither of the other two extends so high up, nor do they communicate with the first mentioned fistulous opening, nor with the canal of the rectum. He suffers no pain, but great inconvenience from the discharge of matter, and experiences considerable uneasiness when walking, or whilst sitting on the part. His breathing is short, and he is troubled with palpitations of his heart, particularly after the slightest exertion. He labours under a distressing cough, which is attended with copious expectoration. The pulse is 112, and varies upon the slightest change of posture. He has nocturnal perspirations, which are principally confined to his head and chest. His appetite is tolerably good; he has no thirst, and his bowels are generally regular.

He states that his complaint commenced about fifteen weeks previous to his admission into the hospital; at which time he first observed two small swellings in the vicinity of the anus, which at times gave him a good deal of pain, especially when he coughed, sneezed, or went to stool, and in sitting he was compelled to rest upon the right buttock, that is, the opposite one. At the expiration of a month, the skin covering these swellings having become red, and the pain acute, he was obliged to apply to a surgeon, who, to relieve him, made an incision into each swelling, when a quantity of fetid matter issued from them, which afforded him instantaneous relief from pain. They have continued to discharge matter of an offensive nature ever since, but *he has never observed air* or *fæces* to escape through the openings.

He has been labouring under a cough for twelve months, and he thinks it has been materially relieved, since the swellings were opened. By the assistance of the stethoscope it has been ascertained that tubercles exist in the superior lobes of each lung. He can ascribe no cause for his complaint. According to his own account, he has always lived in a moderate and regu-

lar manner, although he acknowledges having undergone a mercurial course about five years previously for a venereal complaint.

Upon consultation he was deemed a subject unfit for operation, and he was accordingly discharged from the hospital.

Observations.

In cases like the present, it is always a most desirable object to ascertain, as far as possible, the habits of the patient; for a surgeon, who lives in a large city, and who is accustomed to see more of the various trades labouring under disease, will upon reflection and from experience, find that different trades are subject to different diseases: that the members of one class are more dissipated than those of another: that diseases in them are modified by their previous habits, and that it not unfrequently happens they are unfit subjects for undergoing surgical operations. The man, whose case has been just related, belongs to the trade of hatters, who, it is found, are a very dissipated class of the community, and are consequently ill adapted to bear an operation well.

From the history of this case it is discovered, that distinct abscesses formed in the vicinity of the anus; and, although in this instance, the fistulæ do not communicate with the gut, yet in the generality of cases, where more than one exists, the sinuses do communicate with the intestine; and it is also observed that a succession of abscesses is produced, whilst one is being converted into a fistula. The pulse in this case is accelerated upon the slightest exertion, and by means of the stethoscope, the existence of tubercles in the lungs has been ascertained; so that, taking these circumstances into consideration, it must be inferred that he is not a fit subject to undergo an operation. To those who were only partially acquainted with the true nature of this complaint, it might perhaps appear, that every case of fistula in ano might be operated on; but experience proves the contrary, so that an accurate discrimination, as will be presently seen, is absolutely requisite.

A fistula always pre-supposes an abscess or wound: an abscess, when it forms near to the anus or in the perineum, either bursts spontaneously, or, to relieve the patient, is opened by the surgeon; after which it degenerates into a fistula, having hard and callous edges, and is not disposed to heal, on account of the thin matter, which is constantly escaping, and of the nature of the parts, which in this region are loaded with an immense quantity of fat, and are not, as in other parts of the body, capable of taking on the adhesive inflammation. Although this is the mode in which an abscess degenerates into a fistula, yet a fistula in ano is very often the result of a wound.

Fistula in ano, in relation to the internal orifice of the fistulous canal, has been arranged under different heads, to which the celebrated Mr. Pott has applied the name of "complete," "incomplete," and "blind" fistula. He calls that fistula complete, when one or more external orifices communicate by one or more internal openings with the canal of the rectum. Incomplete, when there is an external orifice, and no communication whatever with the gut: and blind fistula, when there is no external opening, but when there is an internal orifice communicating with the intestine. The case related is one of incomplete fistula; there was no internal opening, and the head of the probe could not be felt naked, although it could be felt through the walls of the intestine; besides, when the patient passed either flatus or fæces, he was not sensible of either issuing through the opening: all these circumstances are learnt from the history of the case.

With respect to the external opening, when it is situate near to the rectum, there are not many parts to cut through during the operation; but when it is at a distance from the anus, as near to the tuberosity of the ischium, all the intervening parts must be divided, which is a severe operation, and

a considerable length of time must elapse, before the healing process is perfected. At other times, there may be more openings than one, and the entire trajet of the sinus is very callous and hard, so much so that in the operation, particularly in incomplete fistula, it not unfrequently happens that the instrument breaks, which is an accident that wears an unfavourable appearance, although it may have been the bounden duty of the surgeon to perform the operation: in private practice, this accident is of more moment, than in the ordinary duties of an hospital: again, in this latter instance, in consequence of the hardness of the part, they are a long time in healing, and remain so, before any impression can be made on them by external and stimulating applications.

Before the operation is proceeded with, particular inquiries should be made into the state of the patient's health, and it is also necessary, that he should submit to an accurate local examination; as either local or constitutional causes are sufficient to forbid the operation: the latter are to be most diligently scrutinized; the former are less devious.

A question thence arises, what are the constitutional causes, which prohibit the operation? If the patient has any cough, thereby indicating an affection of the chest, minute inquiries should be instituted as to the nature and quality of the expectoration, and whether the patient laboured under the thoracic affection previous to, or after the formation of the abscess. The man whose case has been detailed above, had cough and palpitation of the heart long before the local symptoms made their appearance, and in all probability the abscess was owing to the constitutional distress, which had existed for so long a time already, and, if he had been subject to hemorrhoids, was occasioned by the interruption given to the circulation of the venous blood. A slight cause, however, produced the abscess, and it is evident that the fistulæ were consequent to the pulmonary irritation. If, therefore, a patient has nocturnal perspirations, or labours under any of the above symptoms, and if by means of the stethoscope a permanent disease in the lungs is detected, it would be fruitless to perform the operation, the parts would not heal, whilst the hectic fever remained, although but few parts, as in the case before me, were to be cut through, since the probe can be felt almost naked through the walls of the intestine, when it has been introduced into the fistula: besides, his pulse is raised to 120 on the slightest exertion.

Instances, however, are occasionally met with, where the patient suffers from hectic fever, oppression of the chest, cough and expectoration, and where the operation may be after some time performed; but even here, it must be borne in mind, that these symptoms must have been consequent, and not antecedent to the formation of the abscess and subsequent fistula: thus, if a man sits on a damp place, or gets a cold, an abscess may form near the anus, but the constitutional symptoms are only temporary, and by attending to the nocturnal perspirations and advising the patient to a change of air, there will be no constitutional disturbance after the lapse of a few months, when the operation may be undertaken with perfect safety and with every prospect of success; but if the operation had been performed during the presence of the pulmonary affection, he would not recover, as he was not then in a state fit to bear the operation. In the case under investigation, the operation would not have relieved him, as the history of the case demonstrates in the most satisfactory manner, that the patient laboured under pulmonary disease, a long time previous to the occurrence of the fistula for which he was admitted into the hospital.

The local circumstances prohibiting an operation are few, yet they are not to be overlooked: sometimes a fistula in ano is accompanied by a scirrho-contracted rectum, so that when the finger is introduced up the rectum, it is done with difficulty, and when withdrawn it is tinged with blood, and after the examination, the patient experiences excruciating pain: an operation under such circumstances would only tend to an aggravation of the

symptoms of the disease, and as there are no specific means of treating the disease of the rectum, it would be madness to operate upon a fistula of this nature, until the means of curing the rectum itself were ascertained. Sometimes there is true cancer of the rectum connected with fistula in ano; this affection when it occurs, is found among old people, when the rectum and accompanying fistula are of a stony hardness, rough and irregular to the touch like a nutmeg-grater, and attended with lancinating pains and an excoriating discharge: an operation in such instances would be highly improper, as also where the patient laboured under any urinary disease. There are also other causes to forbid the operation, as diseases of the neighbouring bones, such as the sacrum, coccyx, and tuberosity of the ischium: these affections are antecedent to the fistula, so that the original complaint must be removed, before the secondary affection can be cured. Again, the fistula may have originated high up along the side of the rectum, far beyond the reach of the finger: besides, the rectum may be surrounded with a deep fissure or ulceration, so as to be completely isolated from the surrounding parts; in such unpropitious circumstances, no surgeon would attempt so hazardous an expedient as an operation.

From a review of the remarks I have just made in relation to the treatment of fistula in ano, it must appear sufficiently evident, that every case is not adapted for an operation; that a nice discrimination is of the utmost utility, and that an accurate history of the cause and course of the disease, and of the state of the constitution in each particular instance, is of paramount importance to the practitioner.

Robert Vogan, M. D., A. B. T. C. D.,
Royal College of Surgeons in Ireland.

BIBLIOGRAPHICAL NOTICES.

Boardman's Essay on the Means of Improving Medical Education.[1]

The author is a young graduate, but not a novice in thinking or in writing. He speaks out boldly, and generally, we think, correctly. There can be no doubt whatever, that medical education—as practically administered—admits of great and most beneficial reform; but all the necessary changes are beset with numerous and, it seems to us, insuperable obstacles. In the overwhelming number of medical schools in this country, it is impossible to obtain universal accordance in any plan that may be proposed. It has been over and over again suggested, that some uniform course might be thought of, provided a convention were to assemble for this purpose; but this convention would never meet with the concurrence of all the chartered institutions—and consequently any plan it might prescribe would be sanctioned only by the parties to the contract. The schools in which the business of teaching is limited to a few weeks would continue to pursue their course; and as the main—and with many the sole—object of the student is too often merely to get his diploma, the evil would scarcely be mitigated. It is true it would be holding up a goal for him, who is desirous of full information in his calling; but how few are there who are anxious to obtain more than a mere license to practice.

After all, indeed, it must be admitted, that the merit of the physician

[1] An Essay on the Means of Improving Medical Education and Elevating Medical Character. By Andrew Boardman, M. D. 8vo. pp. 24. Philadelphia, 1840.

must rest upon himself, and that the diploma is only the pedestal—as Montaigne has remarked—the man himself being the statue; still it ought to be some evidence, that the professional qualifications of its possessor are such, that the community may at least be safe in his hands.

The propositions, which Dr. Boardman recommends for the reformation of medical education, and the elevation of medical character, are the following.

1. Insist on no qualification, as a pre-requisite to a medical diploma, which is not necessary to the practitioner of medicine, and insist on every qualification which is necessary.
2. Regulate the whole course of medical education in accordance with what should be its objects, namely: to so instruct and train a set of men as to impart to them practical skill to fulfil the duties of physicians and surgeons.
3. To secure such qualifications, confer the diploma on no man who does not show, on a rigid examination, that he possesses the necessary ability as well as the necessary learning.
4. To secure zealous and masterly teaching, take from medical colleges the exclusive right of medical instruction, and subject them to the rivalry of individual talent and enterprise.
5. To secure the door of the profession from being opened by kindness, favouritism, or interest, take from medical teachers the power of conferring diplomas, and vest it in a board of examiners appointed for that purpose.
6. To secure examiners of the first ability, let them be appointed by the profession at large, through their representatives, at the state medical societies, and let their office be considered as the most honourable in the profession. To secure disinterestedness in the examiners, allow them to have no connection with the business of education during their term of office, and let no part of their remuneration depend on the number of candidates which they may pass.
7. To secure union among medical men, and uniformity in medical examinations, let the members of the profession throughout the country unite in one body, to be called the Medical University or College of the United States, by sending delegates from each state to a yearly medical congress, the members of which shall first regulate every thing relating to the general welfare of the profession, and then form themselves into boards of examination, and proceed to all the states of the Union for the purpose of examining candidates, and conferring diplomas.

Report of the Friends' Asylum for the Insane, near Frankford, Pa.[1]

We cannot do better than present the following extract from the report of the physicians—Dr. Charles Evans, attending physician, and Dr. Thomas Wood, resident physician—of this excellent institution.

At the date of our last annual report, there were sixty-five patients remaining in the house, since which time there have been fifty-four received; making an aggregate of one hundred and nineteen persons who have been under care during the past twelve months.

The number received during that time, has fallen short of that which entered in the preceding year, arising from the fact, that in consequence of many of the patients remaining a longer time than ordinary after convalescence, the house has been kept almost constantly full; the average number of inmates during each month having been sixty-two; exceeding that of any former year.

[1] Twenty-third Annual Report on the state of the Asylum for the relief of persons deprived of the use of their reason. 8vo. pp. 24. Philadelphia, 1840.

Of the patients admitted during the year, seven were suffering under their first attack of Insanity, and had been affected less than three months at the time of entrance; eleven less than three months, but not with the first attack; twenty-one between three and twelve months; three between one and two years; seven between two and five years; two between five and ten years; and three over ten years. Of the latter, one is becoming idiotic from epilepsy. Of these fifty-four patients, nineteen have already been discharged cured.—The whole number discharged during the year, is fifty-six, and four have died; leaving fifty-nine remaining in the house; of which number thirty-six are males and twenty-three females.

Two of the deaths resulted from acute inflammation of the brain, one from mania a potu, and one from general inflammation of the serous membranes. In all the cases, the patients were dangerously ill when brought to the Asylum, and died within a short time after admission.

Of these one hundred and nineteen patients, sixty-three are males, and fifty-six females: seventy-three are single, and forty-six are or have been married. Their classification and the result of treatment, are as follows:

FIRST CLASS.

Patients diseased less than three months at the time of admission, and the first attack,		8
Restored,	5	
Much improved,	1	
Convalescent,	1	
Died,	1	—8
Under three months but not the first attack,		16
Restored,	12	
Convalescent,	1	
Stationary,	1	
Died,	2	—16

SECOND CLASS.

Over three and under twelve months,		24
Restored,	11	
Much improved,	2	
Improved,	2	
Stationary,	8	
Died,	1	—24

THIRD CLASS.

Between one and two years,		6
Restored,	3	
Improved,	2	
Stationary,	1	—6

FOURTH CLASS.

Over two years,		65
Restored,	4	
Much improved,	3	
Improved,	10	
Stationary,	48	—65

Of the fourth class there are but five who have been deranged less than five years; twelve have been deranged between five and ten; twelve between ten and twenty; ten between twenty and thirty; and four over forty years; four, imbecile from puberty, are included in the number.

Where patients are discharged with certificates of "much improved," and convalescence goes on until health is completely restored, the cure may be justly attributed to the means employed at the Asylum.

[1] Was well soon after leaving the Asylum.

RECAPITULATION.

Patients in the Asylum 3d month 1st, 1839,	65
Received since,	54–119
Discharged or died,	60
Remaining in the Asylum 3d month 1st, 1840,	59–119
Of the sixty patients discharged there were, restored,	25
Much improved,	5
Improved,	9
Stationary,	17
Died,	4—60
Of the fifty-nine patients remaining in the House, there are restored,	10
Convalescent,	3
Improved,	4
Stationary,	43—59

Of the seventeen patients *discharged* "*stationary*," eight had been deranged more than ten years, two between five and ten years, and three were imbecile from youth.

Of those remaining in the house, *stationary*, four are imbecile, two are epileptics, one has been deranged over thirty years; ten between twenty and thirty; eight between ten and twenty, and thirteen between five and ten years. One entered the institution yesterday.

Six of those remaining in the house, restored, are waiting until sufficient time has elapsed to test the security of their health, and four are old cases of paroxysmal insanity, now enjoying an interval of reason.

Excepting the four cases which terminated fatally, there has been but little serious *acute* disease in the house during the year; and at the present time the patients are nearly all in the enjoyment of good health, with the exception of those lesions of the brain which affect the manifestations of the mind. No accident of a serious character has occurred; and beside the cures which have been effected, the comfort of those individuals, suffering from long standing disease, and who have been brought to the institution with little or no hope of their being restored, has been uniformly augmented, their habits greatly improved, and in many instances their affliction stripped of many of its most distressing characteristics.

In effecting these results, the same combination of medical and moral treatment has been relied upon, which, under the blessing of Divine Providence, has heretofore been attended with the same gratifying success. In the medical prescriptions, we have no favourite remedy to be resorted to as a panacea upon all occasions; but endeavouring to become acquainted with the various morbid conditions which characterize each individual case, the effort is made to adopt such a course of therapeutical treatment as they appear respectively to demand.

The amusement of the convalescent patients, and their employment in some manual labour with a view of promoting their bodily and mental health, has of latter years claimed increased attention in our institution; and the beneficial effects constantly arising from them, prove that they are deserving the care bestowed in their promotion. From the more sedentary habits, and the kind of employment to which all females are more or less accustomed, there is comparatively but little difficulty in furnishing them with occupation suited to their tastes; but the introduction of a *general* system of employment amongst a company of men, many of whom have never been accustomed to labour of any kind, is attended with many more difficulties than those practically unacquainted with the subject, are likely to suppose. We have, however, by the liberality of the managers, succeeded within the last year to a much greater extent than at any former period. In addition to our former resources the work-shop has been greatly enlarged and improved, and the manufacture of baskets has been introduced. From both these, the most decided advantage has been gained; many of the patients becoming permanently interested in the occupation furnished

by them respectively, have thereby been enabled to pass away their time agreeably to themselves, while the exercise and amusement thus afforded, have contributed powerfully to the restoration of their health. Connected with this subject we may here say, that in conformity with the experience of all other similar institutions which have made the experiment both in this country and in Europe (numbering twelve or fourteen), we have found no danger in trusting the patients with all such tools as are requisite for carrying on their different kinds of work. No accident whatever has occurred, either to them or to their attendants; nor do we think any need be apprehended, so long as care is taken in the selection of patients to be employed and in having suitable caretakers constantly with them.

During the summer months many of the men spend some hours of the day in working in the garden and on the farm; nor indeed are they wholly debarred from the benefit derived from this kind of employment during the winter, as the care of the stock, &c., affords sufficient opportunity and inducement for some to employ themselves in the open air. As experience has fully proved that exercise in the open air promotes the more speedy cure of the insane, we endeavour to extend to those under our care its advantages, by making it a rule, that whenever the weather will permit, all the patients who are well enough, shall pass a portion of their time out of doors, and by inducing them to engage in some of the various kinds of amusement provided, as playing quoits, ball, walking, &c. Riding in the carriage, and upon the circular railroad, situated in the lawn fronting the house, continue to be favourite sources of health and enjoyment. Most of the patients have continued to meet on one evening in the week during the winter, as a society, for the purpose of engaging in conversation or debate; and a course of lectures on chemistry, illustrated with interesting experiments, has been delivered to them by the resident physician.

We have still cause to repeat the complaint so often reiterated in our former reports, that most of the patients brought to the Asylum, have been allowed to suffer under their diseases, for so long a time, before their friends were willing to place them in an institution prepared expressly for the treatment of the insane, that the probability of their restoration is materially lessened: and also that after recovery has been effected, in too many instances the friends of the patients are persuaded to remove the individual before sufficient time has been allowed for the brain to have its healthy tone corroborated. An improvement however in this latter respect is taking place.

Philadelphia Hospital.

The following Tables contain the cases treated in the different wards of the medical department of this extensive and important charity, during the year 1839. *Attending physicians*, according to seniority of appointment, Samuel Jackson, M. D., C. W. Pennock, M. D., W. W. Gerhard, M. D., and Robley Dunglison, M. D.; *Attending surgeons*, William Gibson, M. D., W. E. Horner, M. D., J. Pancoast, M. D., and Edward Peace, M. D.

Summary of Cases treated in the Men's Hospital, Blockley, from January 1st, 1839, to January 1st, 1840.

MEN'S MEDICAL WARDS.

Diagnosis.	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Ascites,	0	4	4	1	2	2	0	0	0	6	6	5	2
Anasarca,	0	1	0	1	2	1	0	0	0	1	1	3	1
Apoplexy,	0	0	1	0	1	0	0	0	0	1	1	1	0
Aneurism of Aorta,	0	1	0	1	2	0	1	0	1	0	1	3	1
Arachnitis,	1	0	1	1	1	0	0	0	0	2	2	1	1
Asthma,	0	0	0	3	0	2	0	0	0	2	2	1	2
Bronchitis, Acute,	2	2	6	5	2	3	1	0	14	3	17	1	3
" Chronic,	0	2	2	1	2	2	0	0	2	5	7	0	2
Coup de Soleil,	0	1	0	0	0	0	0	0	1	0	1	0	0
Congestion of Brain,	0	0	1	0	0	0	0	0	0	0	0	1	0
Cholera Morbus,	0	2	1	2	0	0	0	0	5	0	5	0	0
Constipation,	1	4	2	3	2	0	0	0	9	0	9	0	3
Cephalalgia,	0	1	1	2	0	0	0	0	3	0	3	0	0
Colic,	1	0	0	0	0	0	0	0	1	0	1	0	0
Colica Pictonum,	0	0	1	0	0	0	0	0	1	0	1	0	0
Debility,	0	0	0	1	0	2	0	0	1	0	1	0	1
Diarrhœa,	0	2	9	5	4	2	4	1	16	2	18	6	3
Dysentery,	1	4	6	3	5	2	2	0	17	0	17	3	3
Dothinenteritis,	0	2	0	0	0	0	0	0	2	0	2	0	0
Dyspepsia,	0	0	2	2	0	0	0	0	2	0	2	0	2
Epilepsy,	1	2	0	3	0	1	0	0	0	4	4	0	3
Endo-Pericarditis,	0	0	0	0	1	0	0	0	0	0	0	1	0
Emphysema,	0	0	0	0	1	1	1	1	0	3	3	0	1
Excessive Salivation,	0	1	0	1	0	0	0	0	1	0	1	1	0
Fever, Intermittent,	6	28	12	14	6	2	2	0	67	0	67	0	3
" Remittent,	0	7	3	5	1	4	0	0	17	0	17	0	3
" Typhus,	2	1	1	0	0	0	0	0	3	0	3	1	0
" Typhoid,	0	3	0	0	0	0	0	0	3	0	3	0	0
" Catarrhal,	0	1	1	0	0	0	0	0	2	0	2	0	0
" Gastric,	0	0	1	5	2	1	0	0	6	0	6	2	1
Gastritis,	0	0	1	4	1	1	0	0	6	0	6	1	0
Gangrene,	0	0	0	0	1	0	0	0	0	0	0	1	0
" of Lungs,	0	0	1	0	0	0	0	0	0	0	0	1	0
Hypertrophy of Heart,	0	0	1	1	2	1	1	0	0	2	2	3	1
Hemiplegia,	0	0	1	0	2	0	1	0	0	2	2	1	1
Hepatitis,	0	1	1	0	3	0	0	0	3	1	4	1	0
Hæmoptysis,	0	0	1	2	2	1	0	0	3	0	3	3	0
Inflammation of Spine,	0	1	0	1	1	0	0	0	1	1	2	1	0
" Brain,	0	0	1	0	0	0	0	0	0	0	0	1	0
" Throat,	0	1	1	0	0	0	0	0	1	0	1	1	0
Jaundice,	0	0	0	0	1	0	0	0	1	0	1	0	0
Lumbago,	0	2	5	2	2	0	0	0	8	1	9		2
Laryngitis,	0	0	1	0	0	1	0	0	2	0	2	0	0

MEN'S MEDICAL WARDS.—*Continued.*

Diagnosis.	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Meningitis, (Tubercular,)	0	1	0	0	0	0	0	0	0	0	0	1	0
Nephritis,	0	1	1	0	0	0	0	0	2	0	2	0	0
Œdema,	1	0	0	0	0	0	0	0	1	0	1	0	0
Pleurisy,	2	5	4	2	4	2	0	0	16	0	16	1	2
Pneumonia,	0	2	8	4	1	2	1	0	11	1	12	6	0
Pleuro Pneumonia,	0	1	1	2	0	1	0	0	5	0	5	0	0
Pneumo-Thorax,	0	1	0	0	0	0	0	0	0	0	0	1	0
Purpura,	0	0	0	0	0	0	1	0	1	0	1	0	0
Phthisis Pulmonalis,	5	19	18	13	6	4	0	0	0	27	27	38	0
Peritonitis, (Tubercular,)	0	0	1	0	0	0	0	0	0	0	0	1	0
Paraplegia,	0	1	2	2	0	0	1	0	0	4	4	2	0
Pericarditis,	0	1	1	1	0	1	0	0	4	0	4	0	0
Rheumatism, Acute,	0	3	9	3	14	2	2	0	20	3	23	0	10
" Chronic,	0	2	5	3	2	1	2	0	3	11	14	0	1
" Neuralgic,	0	1	1	4	2	2	0	0	7	3	10	0	0
Ramollissement du Cerveau,	0	0	0	0	1	0	0	0	0	0	0	1	0
Unknown,	0	0	0	1	0	0	0	0	0	0	0	1	0
									267	87	354	96	52

Of the above, 63 were coloured. Total number admitted to Men's Medical Ward, 504.

MEN'S SURGICAL, EYE, AND VENEREAL WARDS.

	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Amputation,	0	1	2	2	0	0	0	0	5	0	5	0	0
Abscess of Bone,	0	2	1	1	0	0	0	0	3	0	3	0	1
" of Glands,	1	0	0	2	0	0	0	0	3	0	3	0	0
Amaurosis,	1	1	2	0	0	0	0	0	0	2	2	0	2
Bubo,	0	3	5	2	0	0	0	0	7	0	7	0	3
Burns,	0	1	4	3	1	0	0	0	5	0	5	2	2
Cataract,	0	1	1	1	2	0	0	0	4	0	4	0	1
Catarrhal Ophthalmia,	0	2	0	0	0	0	0	0	0	2	2	0	0
Caries of Bone,	0	1	0	2	0	0	0	0	1	1	2	0	1
Cancer,	0	0	0	1	1	0	0	0	1	0	1	0	1
Conjunctivitis,	0	4	14	6	2	0	0	0	0	19	19	0	7
Chancre,	0	2	3	2	0	0	0	0	5	0	5	0	2
Carbuncle of Clavicle,	0	1	0	0	0	0	0	0	1	0	1	0	0
Contusions,	0	4	5	5	2	2	2	1	19	0	19	0	2
Concussion of Brain,	0	0	1	0	1	0	0	0	1	1	2	0	0
Coxalgia,	0	1	2	2	1	0	0	0	4	0	4	1	1
Condylomata,	0	0	1	1	0	0	0	0	2	0	2	0	0
Dislocations,	0	1	2	1	1	0	0	0	3	0	3	0	2
Disease of Spine,	0	0	1	0	0	1	0	0	0	2	2	0	0
Epistaxis,	1	0	0	0	0	0	0	0	1	0	1	0	0
Entropium,	0	0	0	1	0	0	0	0	0	1	1	0	0
Erysipelas,	1	1	1	2	1	0	0	0	4	0	4	1	1
Elephantiasis,	0	0	1	1	0	0	0	0	1	0	1	1	0
Excoriations,	0	2	0	0	0	0	0	0	2	0	2	0	0
Exophthalmia,	0	0	1	0	0	0	0	0	0	1	1	0	0
Fungus Articuli,	0	1	0	1	0	0	0	0	0	1	1	1	0
Fistula in Ano,	0	0	2	0	2	0	0	0	3	1	4	0	0

MEN'S SURGICAL, EYE, AND VENEREAL WARDS.—*Continued.*

	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Fractures,	0	0	7	5	2	1	0	0	12	0	12	0	3
Frosted Feet,	0	0	0	1	0	0	0	0	0	1	1	0	0
Gonorrhœa,	1	12	8	9	1	0	0	0	24	0	24	0	7
Hernia,	0	2	5	7	2	0	1	0	6	8	14	0	3
Hemorrhoids,	0	1	0	4	0	0	1	0	1	2	3	0	3
Hydrocele,	0	0	0	1	1	0	0	0	2	0	2	0	0
Herpes,	0	0	0	1	0	0	0	0	1	0	1	0	0
Incised wounds,	0	5	0	2	2	0	2	2	13	0	13	0	0
Iritis,	0	0	2	1	1	0	0	0	3	1	4	0	0
Lacerated wounds,	0	2	2	0	0	1	0	0	5	0	5	0	5
Leucoma,	0	0	0	1	0	0	0	0	0	1	1	0	0
Luxation of Femur,	0	0	1	0	0	0	0	0	1	0	1	0	0
Lupus,	0	0	0	1	1	0	0	0	1	0	1	0	1
Opacity of Cornea,	0	2	3	1	0	0	0	0	4	2	6	0	0
Ophthalmia,	1	1	0	0	0	0	0	0	0	2	2	0	0
Obliteration of Pupil,	0	0	0	0	1	0	0	0	1	0	1	0	0
Orchitis,	0	0	2	0	0	0	0	0	2	0	2	0	0
Phimosis,	0	1	4	1	0	0	0	0	4	0	4	0	2
Pernio,	0	1	2	1	0	0	0	0	2	0	2	0	2
Pemphigus,	1	0	0	0	0	0	0	0	1	0	1	0	0
Psora,	1	1	1	0	0	0	0	0	2	0	2	0	1
Rachitis,	0	0	1	1	0	0	0	0	1	0	1	0	1
Retention of Urine,	0	0	0	1	0	0	0	0	0	0	0	1	0
Scrofulous Ophthalmia,	1	2	0	0	0	0	0	0	0	2	2	0	1
" Ulcer of Cornea,	0	0	1	1	1	1	0	0	0	4	4	0	0
Stricture of Urethra,	0	0	2	2	3	2	0	0	5	0	5	1	3
Scabies,	1	1	1	1	0	0	0	0	3	0	3	0	1
Sprains,	0	3	4	3	1	0	0	0	11	0	11	0	0
Scrofulosis,	1	3	6	2	1	0	0	0	0	8	8	1	4
Syphilis, Primary,	9	14	13	2	1	0	0	0	36	0	36	0	3
" Secondary,	5	18	12	2	0	0	0	0	23	8	31	6	4
" Ulcers and Warts,	2	3	2	1	0	0	0	0	7	0	7	0	1
" Rheumatism,	0	2	4	2	0	0	0	0	3	3	6	2	4
Tinea Capitis,	0	3	2	0	0	0	0	0	1	1	2	0	3
Tumour on Anus,	0	0	0	1	0	0	0	0	1	0	1	0	0
Torticollis,	0	0	1	0	0	0	0	0	0	0	0	0	1
Ulcers,	2	0	7	10	0	0	0	0	19	0	19	0	0
Ulcers of Leg,	6	77	82	44	10	9	0	0	175	0	175	4	49
Ulcer of Cornea,	0	0	2	3	0	0	0	0	4	1	5	0	0
									449	75	524	21	128

Of the above, 71 were coloured. Total number admitted to Surgical Departments, 673.

Total number admitted to Men's Hospital for the year, 1177. Of the above 134 were coloured.

Married, 591; Widowers, 184; Single, 402.

Intemperate, 713; Moderate, 257; Temperate, 207.

Occupations.—Accountants, 13; Bookbinders, 16; Brick Makers, 34; Blacksmiths, 17; Butchers, 9; Barbers, 12; Coach Makers, 13; Coopers, 24; Carpenters, 59; Coppersmiths, 23; Dyers, 19; Engravers, 9; Farmers, 61; Gardeners, 19; Hatters, 41; Jewellers, 12; Lock Makers, 21; Millers, 11; Machinists, 10; Printers, 34; Porters, 26; Paper Makers, 16; Painters, 10; Saddlers, 33; Shoemakers, 96; Sailors, 59; Silversmiths, 9; Tailors, 81; Turners, 19; Tanners, 27; Tinsmiths, 15; Trunk Makers, 43; Watch Makers, 8; Weavers, 67; Without trades, 215.—Total, 1177.

(*To be concluded in the next number.*)

MISCELLANEOUS NOTICES.

Sir James Clark.—The statement, with which this distinguished and estimable physician has favoured us, completely exonerates him, in our opinion, from the charges that had been brought against his professional as well as private deportment. Placed in the most trying situation, that can well be imagined, in the case of Lady Flora Hastings, he appears to have acted throughout with signal delicacy. It has been suggested, that on no account ought he to have sanctioned the suspicions that were entertained in regard to the pregnancy of the lamented lady; but the statement—which bears all the marks of being as ingenuous as it is able—shows, that he went no farther than the circumstances of the case warranted, and that under the equivocal appearances which Lady Flora presented, and in the court of a virgin sovereign, it was both delicate and judicious in him to state to his patient the suspicions that were entertained, and to be anxious that her character should stand forth unsullied. In the execution of this painful duty, Sir James, we repeat, appears to have acted with the most scrupulous delicacy; nor can we see the slightest reason for the opinion, that he has suffered himself to be made a tool of for the furtherance of political or private malice.

Medical Convention at Philadelphia.—This has turned out an abortion. Not even the mover of the resolution in the Medical Society of the State of New York was present, and but few delegates presented themselves, among whom was Dr. Beck, of Albany—the well known author of the best book we possess on Medical Jurisprudence.

Personally we are thankful for the proposition, inasmuch as it brought among us our distinguished friend even for a short period.

Chorea in New York.—We had not the least idea from our own not very limited observation, that chorea was so frequent in any part of the country, as we see stated in a late number of the New York Journal of Medicine, (ii. 275), in which Dr. Reese affirms, that he himself has employed arsenic in "*over two hundred cases.*"! The number treated by other remedies he has not stated: yet chorea is not a common disorder anywhere; of 32,976 children admitted into the Hôpital des Enfans, of Paris, in ten years, 189 only were affected with it.—(*Rufz.*)

Worm in the Eye of the Horse.[1]—Dr. Dunglison referred to a curious but not unique case, of a worm in the eye of a horse now in Baltimore.

The particulars were contained in a letter to him, from Dr. Joshua J. Cohen, of Baltimore. This entozoon is a species of filaria, (see *Filaria Papillosa*, Rudolphi, Synops. p. 213,) probably from three and a half to four inches in length, and situate in the aqueous humour, in which it moves about with great activity, but its motions are so constant, that it is difficult to appreciate its exact length. The great size of the anterior chamber of the horse's eye, affords it ample space; and through the transparent cornea, it can be observed as well as if it were in a glass vessel. The horse was sent up from Calvert county, Maryland.

[1] Bulletin of the proceedings of the American Philosophical Society, vol. i. No. ii. p 200, for March and April, 1840.

Dr. Dunglison made some observations on the difficulty of accounting for its presence in this shut sac, and alluded to the different views of distinguished naturalists as to the generation of many of the lower tribes of the animal kingdom—some presuming that they may be formed spontaneously, whilst others consider that the germs must always be received from without. The difficulty, he observed, applied to all the entozoa that infest the animal body; and this case was certainly not more difficult of explanation, than that of entozoa found in the intestines of the fœtus in utero.

Dr. Bache referred to a similar case, which was published in an early volume of the Transactions of the Society, (Vol. ii. p. 183: by F. Hopkinson, Esq., and *Ibid.* p. 383, by Dr. Morgan.)

On the ethereal solution of Ergot. By J. C. W. Lever.[1]—[We would refer our readers to Dr. Hooker's views on the effect of an ethereal preparation of Ergot, which he regards as narcotic but not ecbolic. Boston Med. and Surg. Journ., x. 298; American Medical Intelligencer, Dec. 15, 1837, and the Editor's New Remedies, p. 409. Philadelphia, 1839.—Ed.]

Having made repeated trials of a preparation of ergot given to me by my friend Dr. G. O. Rees, I have been induced to request from him the method of its preparation, in order that I may lay it before your readers.

Although by no means a strenuous advocate for the common employment of the ergot, yet I am prepared to admit its efficacy and value in cases of protracted labour, where the presentation is natural, the pelvis of standard size, where the soft parts are dilated and fully prepared to admit the passage of the child, where uterine effort alone is wanted to complete the labour, and where there are no contraindicating circumstances forbidding its exhibition. In cases of this description, I have used the preparation, and have seen it employed by others, with complete success. I have also tested its efficacy in hemorrhage occurring after the birth of the placenta, when the uterus has not contracted well, or where its contraction and dilatation alternated. In cases of this description, the exhibition of the ergot has been followed by a permanent contraction of the viscus, thus preventing inordinate discharge. In passive menorrhagia, when there exists no organic lesion, this form of medicine will be found of great value; the discharge is generally lessened after the exhibition of the second dose; and in no case in which I have given it, has it failed ultimately to put an end to the bleeding.

All the other preparations of ergot with which I am acquainted not unfrequently produce nausea, sickness, headach, falling of the pulse, dilatation of the pupil, &c.; but in no one instance have I seen these symptoms produced by the ethereal solution: they most probably are caused by some constituent in the drug which ether does not dissolve. I have given the solution to puerperal women in doses varying from gtt. xv. to gtt. xxx. dropped upon a lump of sugar, and have found that uterine action has commenced in twenty minutes or half an hour. In cases of menorrhagia, I have given gtt. v. to gtt. viij. three times a day, and have not had reason to persevere in its employment more than four or five days.

The advantages of this form of the drug may, I think, be stated as, first, the convenience of its exhibition; secondly, the certainty of its operation; and, thirdly, its non-production of those unpleasant and sometimes dangerous symptoms so frequently caused by the other preparations of the ergot. With regard to the method of its preparation, Dr. Rees writes to me as follows:—

"The ethereal solution, the properties of which you have so well tested, was prepared by digesting ℥iv. of the powdered ergot in ſ℥iv. of ether during seven days. The result was a solution of the fatty matters contained

[1] Lond. Med. Gaz., April 10, 1840, p. 108.

in the drug: this was poured off, evaporated to dryness, and the residue again dissolved in f℥ij. of ether. I have since tried to re-dissolve in alcohol, but the fatty matter appears to contain myricin, which resists that menstruum even at a boiling heat. The solution should be kept in a well-closed glass-stoppered bottle, to prevent evaporation. Each ounce of the preparation may be considered as equivalent to two ounces of the ergot, or gtt. xv. to a half-dram dose of the powdered drug. Should there be any objection to the administration of the ether, the practitioner has only to drop the required dose upon a piece of lump sugar, and expose it to a current of air for a few minutes, when the fluid will completely evaporate. I regret that I have not had leisure to procure the different fatty matters of the ergot in a separate form, and so subject each to trial as a medicinal agent. If this were done, there is little doubt but that a still more convenient form for exhibition might be obtained, and the peculiar action of the drug traced to its true source. It appears highly probable that the fatty matter contained in the ergot is peculiar in character: from one specimen which I examined, I obtained a fat which, when treated with strong sulphuric acid, became a fine green colour—a reaction which I am not aware has ever yet been noticed as occurring with any fatty substance either from the vegetable or animal kingdom."

Yellow Liquor Amnii.[1]—Dr. Purdon, in a paper read before the Dublin Obstetrical Society, mentioned a case, in which, on rupture of the membranes in a woman affected with jaundice, the liquor amnii exhibited a deep yellow colour.

Treatment of Syphilis.[2]—M. Ricord has recently made some observations on the treatment of syphilis, in a French journal, of which the following is the substance.

M. Ricord divides the progress of syphilis into three stages or phases. In the first, the action of the virus is completely local; in the second stage, the accidents are confined to the skin, or mucous membranes, and are characterised by the fact that the morbid products are incapable of producing the original disease, on inoculation. The symptoms of the third stage rarely occur before the seventh month, and are incapable of being transmitted by hereditary disposition: this is their characteristic mark.

M. Ricord considers the mercurial treatment to be more frequently injurious than useful in the first stage. On the contrary, mercury is absolutely necessary in the second stage.

Where the tertiary symptoms alone exist, M. Ricord has generally recourse to the ioduret of potassium. He begins with doses of ten grains in the following manner:—

Distilled water, 3 ℥;
Ioduret of potassium, 10 grs.;
Syrup of poppies, 1 ℥.

This potion is taken in three doses, during the day, with sarsaparilla, the quantity of the ioduret gradually increased every five days, until the patient takes 100 grains a day.

Whenever secondary symptoms coexist with the tertiary, M. Ricord administers the proto-ioduret of mercury in the dose of a grain, gradually increased to six grains.

New Treatment of Cancer.[3]—M. Jobert has endeavoured to check the progress of this terrible malady, by tying all the vessels and dividing all the

[1] Dublin Journal, and Lond. Med. Gaz., April 10, 1840, p. 128.
[2] Abridged from L'Experience, No. 141; and London Lancet, April 11, 1840, p. 112.
[3] L'Experience, l. c.; and Lond. Lancet, April 11, 1840, p. 112.

nerves which are distributed to the affected part. His efforts, however, have not been crowned with success.

In four cases of cancer of the lip M. Jobert tied the facial and coronary vessels, and divided the branches of the fifth nerve, which pass to the lip. The ligature of the vessels caused some improvement in the appearance of the ulcers, and on dividing the nerves the pain was removed; but in all cases he was compelled to extirpate the disease, at last.

Peculiar Intestinal Concretion.[1]—Dr. Bright exhibited an intestinal concretion or calculus, chiefly remarkable from its being composed simply of phosphate of lime, surrounding a neucleus of fæces. The patient from whom it was taken was under the care of Mr. Stone, and was six years of age. The symptoms presented were those usually observed in fæcal abscess; there was a swelling on the right side of the abdomen, attended by gradual emaciation, and there was a discharge of pus and mucus, occasionally, from the bowels. In addition, however, to these symptoms, there was a discharge of puriform fluid from the bladder. The child died in twelve weeks after the first attendance of Mr. Stone. On examination, great suppuration was found at the caput coli, in which were two calculi; the one exhibited, which was about the size of a pigeon's egg, and another about half the size. From the composition of the calculi, it was at first suspected that they were formed in the kidney, and had escaped by ulceration through the right ureter; careful examination, however, proved this opinion to be erroneous. The calculi were formed of successive layers of phosphate of lime; the nucleus was a small portion of fæces. In another instance, under the care of the same practitioner, a number of calculi, of the same composition, had passed away from the rectum with the fæces.

Mr. Alcock remarked, that the phosphate of lime calculus was usually the result of chronic irritation of the mucous membrane of the bladder. Might not the intestinal irritation account for the formation of the bodies in the case under discussion?

Mr. Erasmus Wilson had in his possession a portion of a colon in which there were a number of pouches containing calculi, probably composed of the phosphate of lime.

Statistics of Insanity in France.[2]—During the last eight years 1045 insane patients were received into the Lyons' Hospital. Of these, 503 were males, and 542 females. The various causes of insanity, amongst the patients, were as follows:—

Females, 542.—*Physical.*—Hereditary disposition, 56; drunkenness and debauchery, 43; puerperal accidents, 45; disordered menstruation, 25; venereal disease, or mercury, 5; retrocession of cutaneous affections, 23; onanism, 17; injuries of the head, 3; solitary confinement (*isolation*), 6.

Moral.—Domestic afflictions, 65; poverty, 47; loss of fortune, 31; love and jealousy, 33; fright, 8; religion, 29; politics, 11.

Males, 503.—*Physical.*—Hereditary disposition, 62; drunkenness, 54; apoplexy, 25; onanism, 21; syphilis, or mercury, 5; injuries of the head, 6; solitary confinement, 9; retrocession of cutaneous diseases, 14.

Moral.—Domestic trouble, 65; poverty, 56; loss of fortune, 36; politics, 16; jealousy, 14; religion, 12; fright, 6; excessive study, 8.

Of the 542 females, 114 were discharged perfectly cured; 91 were withdrawn by their friends, improved; 162 died; 175 remained in hospital on the 1st of June, 1839.

Of the 503 males, 149 were cured; 61 withdrawn; 158 died; and 135 remained in hospital. Hence the proportion of cures for the females, was 1 in 5; and for the males, something more than 1 in 5.

[1] London Pathological Society, in Lancet, March 28, 1840, p. 26.
[2] Gaz. Med., No. 11, 1840, and London Lancet, March 28, 1840, p. 27.

Midwifery Practice.[1]—The following is a summary of the labours which occurred in the practice of Janson the elder, of Ghent, during forty-one years, from Jan. 1, 1797, to Dec. 31, 1837. Thirteen thousand three hundred and sixty-five women bore 13,439 children, of which 6,611 were boys, and 6,828 girls; out of 157 cases of twins, in 38 they were both boys, in 62 both girls, and in 39 one of each sex; eight twins were born dead; there was one case of triplets, all girls; 859 were natural children. Three hundred and forty-one labours required the forceps, and 484 preternatural labours were terminated by the hand. In 150 the foot presented, in 30 the hand, in 97 the breech, in 20 the breech had descended into the smaller cavity of the pelvis; 2 breech presentations required the application of instruments. In 15 cases the face presented; in two face presentations the forceps was required. In 86 cases the funis presented, and 46 of these children were delivered alive by turning; 38 died through the compression of the funis; and 6 were delivered alive by the forceps, in cases where the funis preceded the head. Seven times the placenta was upon the os uteri. Perforation was performed five times; once the symphysis pubis was divided, and a cure took place; once both mother and child died suddenly, the child being thrown into the abdomen by a spontaneous laceration of the uterus. Superfœtation occurred twice; one child was at its full time, the other three months old. Convulsions and sudden death occurred thrice, and serious hemorrhage before delivery four times. It is to be remarked that M. Janson practised for 15 years before 1797, without keeping notes.

Mammary Abscess mistaken for Scirrhus.[2]—The best surgeons, it must be confessed, are sometimes mistaken in the diagnosis of disease. The following is an example:—

C. C., 28 years of age, not married, perceived, about two months ago, a tumour in the left breast. She consulted M. Roux, who advised her to enter the Hotel-Dieu. M. Roux examined the breast on several occasions: there was no apparent knottiness or fluctuation; the colour of the skin was normal; nevertheless M. Roux determined on operating for supposed scirrhus. Two semielliptical incisions, about four to five inches in length, embraced the greater part of the mamma, and the surgeon was about to extirpate the gland, when an accidental touch of the scalpel near the lowest point of the tumour, gave issue to an immense quantity of pus. The operation was, of course, suspended, and simple dressings were applied. The patient soon recovered.

BOOKS RECEIVED.

From the Author.—An Essay on the means of improving medical education and elevating medical character. By Andrew Boardman, M. D., (Presented to the Faculty of Geneva College, January, 1840.) Extracted from the Eclectic Journal of Medicine, for April, 1840. 8vo. pp. 23. Philadelphia, 1840.

From the Society.—Transactions of the Medical Society of the State of New York, Vol. iv. P. 3. 8vo. pp. 290. Albany, 1840.

From the same.—Report of a Committee of the Medical Society of the State of New York on the subject of Medical Education. 8vo. p. 23. Albany, 1840.

From Dr. Warrington.—Twenty-third Annual Report on the state of the Asylum for the Relief of Persons deprived of the use of their reason. 8vo. pp. 24. Philadelphia, 1840.

[1] Bull. de la Soc. de Méd. de Gand and Schmidt's Jahrbücher, and Lond. Med. Gaz., March 6, 1840, p. 893.

[2] French Lancet, No. 10, 1840, and Lond. Lancet, March 21, 1840, p. 968.